•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10/75-9768													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LL E	NTITY	OR	OTHER	R THAN ENTITY	
T	OTAL CLAIMS	45		•		.	R.	ATE	FEE	7	RATE	FEE	
FO	OR		NUMBER FILED		NUMBER EXTRA		BAS	IC FE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	45 minus 20=		•		×	§ 9=		OR	X\$18=	450.00	
INI	DEPENDENT C	LAIMS	/ minus 3 =				×	43=		OR	X86=		
M ML	ULTIPLE DEPE	NDENT CLAIM P	RESENT				4.1	45::		OB	+290=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	TAL		OR	TOTAL	1220	
,	16-04 0		MENDED - PART II			SM	Διί	ENTITY	OR	OTHER SMALL			
V	45	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH NUME PREVIO PAID I	EST BER OUSLY	(Column 3) PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 45	Minus	* 2	-5	=	XS	9=		OR	X\$18=		
MEN	Independent	. 1	Minus	***	0	=	X4	3=		OR	X86=		
<u>_</u>	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM						+290= ·		
• .							نــنا .	15=	3	OR	TOTAL	1	
.:							ADDIT	OTAL FEE		OR ,	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						,			, ,	,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAJO F	BER JUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total '	•	Minus	**	<u>.</u>	=	xs	9=		OR	X\$18=		
AME	Independent	#	Minus	***	CLAIL	=	X4	3= .		OR	X86=		
لـــا	ringi Prese	NTATION OF MU	ILITE DE	-ENDEN I	CLAIM		+14	5=		OR	+290=		
		·					ADDIT	OTAL FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER : USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOV:	Total	•	Minus	ઇવ .		=	X.Ş.	S =		OR	X\$18=		
AMENOLIENT	Indep ndent	•	Minus	***		= .	X4:	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR I	+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									. F	TOTAL DDIT. FEE	i	
***	I the "Highest Nur	mber Previously Pa mber Previously Paid ber Previously Paid	id For IN THI	S SPACE H	less than	3. enter *3.*	ADDIT.		propriate box	. ,			